


# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>249-06</b>		OMB Approval No. <b>0348-0038</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Agrium U.S. Inc., Kenai Nitrogen Operations P.O. Box 575, Kenai, AK 99611</b>					
4. Employer Identification Number <b>91-1589568</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>8/30/2006</b>		To: (Month, Day, Year) <b>4/30/2008</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>4/1/2007</b>	
				To: (Month, Day, Year) <b>6/30/2007</b>	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		865,219.96		1,454,765.14	
b. Recipient share of outlays		512,904.98		1,141,524.48	
c. Federal share of outlays		352,314.98		313,240.66	
d. Total unliquidated obligations				345,833.13	
e. Recipient share of unliquidated obligations				136,970.40	
f. Federal share of unliquidated obligations				208,862.73	
g. Total Federal share(Sum of lines c and f)				874,418.37	
h. Total Federal funds authorized for this funding period				2,000,000.00	
i. Unobligated balance of Federal funds(Line h minus line g)				1,125,581.63	
11. Indirect Expense		a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
b. Rate <b>N/A</b>		c. Base <b>N/A</b>		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title <b>Denise Romans, KNO Accounting Supervisor</b>				Telephone (Area code, number and extension) <b>907-776-3214</b>	
Signature of Authorized Certifying Official 				Date Report Submitted <b>July 23, 2007</b>	

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269-200

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

**ACCEPTED**